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Patent  
Attorney Docket No. CMED.10019

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Jerry Y. JONN et al.

Patent No.:

Application No.: 10/779,721

Filing Date: February 18, 2004

Title: ADHESIVE-CONTAINING WOUND CLOSURE DEVICE AND  
METHOD

**REVOCATION OF POWER OF ATTORNEY WITH  
NEW POWER OF ATTORNEY AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

As the Assignee(s) of the entire interest in the above-identified patent/application, all powers of attorney previously given are hereby revoked, and the attorneys and agents associated with the following PTO Customer Number of Hutchison & Mason PLLC are hereby appointed to prosecute and to transact all business in the U.S. Patent and Trademark Office connected therewith:

**Customer Number 45473**

Please change the correspondence address for the above-identified application to the address associated with the following PTO Customer Number:

**Customer Number 45473**

The undersigned, whose title(s) is/are supplied below, is/are empowered to sign this statement on behalf of the Assignee(s).

Date: 11/14/05

Signature: 

Name: Benny Ward  
Title: CFO and VP of Finance  
Company: Closure Medical Corporation



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**STATEMENT UNDER 37 CFR 3.73(b)**

**Applicant/Patent Owner:** Jerry Y. JONN et al.

**Application No./Patent No.:** 10/779,721

**Filing Date/Issue Date:** February 18, 2004

**Title:** ADHESIVE-CONTAINING WOUND CLOSURE DEVICE  
AND METHOD

Closure Medical Corporation, a Corporation states that it is the assignee of the entire right, title, and interest in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above.  
The assignment was recorded in the U.S. Patent and Trademark Office at Reel 014713, Frame 0963, or for which a copy thereof is attached.

**OR**

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignees as shown below:

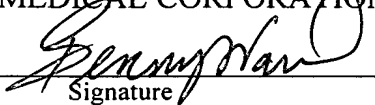
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

The undersigned (whose title is supplied below) is authorized to act on behalf of the indicated assignee.

CLOSURE MEDICAL CORPORATION

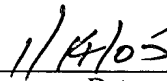
  
Signature

Benny Ward

Printed or Typed Name

CFO and VP of Finance

Title

  
Date

919-876-7800

Telephone Number